

Teaching Video NeuroImages: Infratentorial Multiple Sclerosis Relapse Presenting as Continuous Hemifacial Myokymia

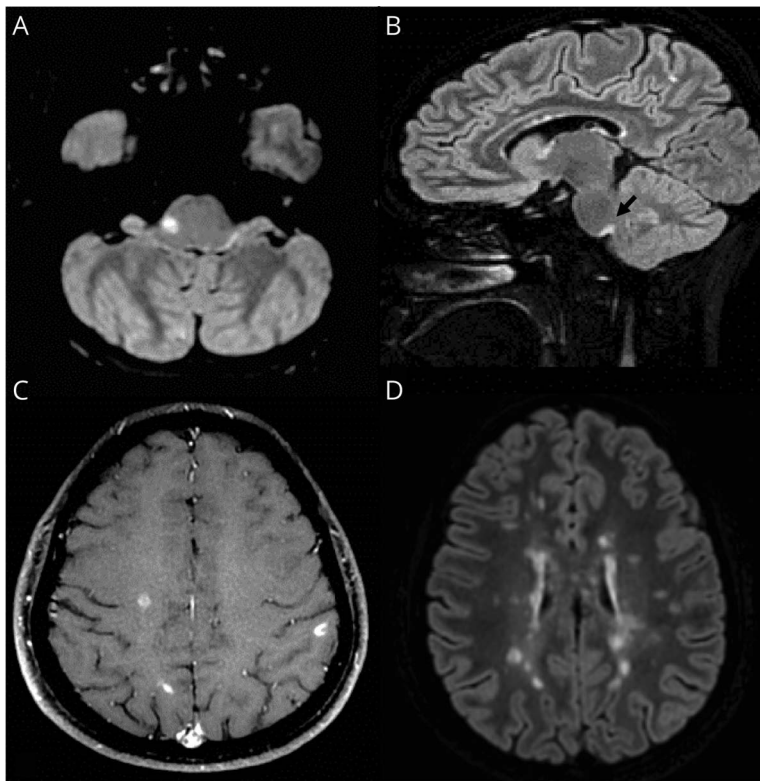
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Figure MRI Findings



(A) Axial/(B) sagittal MRI brain T2-weighted fluid-attenuated inversion recovery (FLAIR) images show a hyperintense lesion on the right dorsolateral pons, with local swelling, lying near the facial nerve nucleus, and involving the bulbopontine sulcus (arrow). (C) Axial T1 after gadolinium/(D) T2 FLAIR images reveal typical demyelinating supratentorial lesions.

A 26-year-old woman with an 8-year history of untreated multiple sclerosis (MS) presented with acute-onset continuous involuntary wavelike movements on the right side of her face (video). Neurologic examination revealed continuous right-sided hemifacial myokymia (CFM), with no concurrent hemifacial spasm. MRI documented a new nonenhancing lesion in the dorsolateral right pontine tegmentum and multiple supratentorial demyelinating lesions (figure, A–D). Symptoms spontaneously resolved 3 weeks later. MS relapses may involve the postnuclear facial nerve course within the pontine tegmentum,

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producing ipsilateral CFM.^{1,2} Strict unilaterality and perioral involvement argue against benign eyelid myokymia and should suggest a structural pontic lesion, warranting neuroimaging.

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